



**NH DEPARTMENT OF SAFETY  
DIVISION OF SAFETY SERVICES  
MARINE PATROL BUREAU  
31 DOCK ROAD  
GILFORD, NH 03249-7627**

## **APPLICATION FOR WATER EVENT PERMIT**

Directions: Complete this form and mail to the above address.

**INCOMPLETE APPLICATIONS WILL BE RETURNED.**

[ ] NEW

[ ] RENEWAL

**APPLICANT/SPONSOR:** \_\_\_\_\_

Contact Person: \_\_\_\_\_ DOB \_\_\_\_\_

Mailing  
Address: \_\_\_\_\_

Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

Local Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

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**NAME OF EVENT** \_\_\_\_\_

Type of Water Event: Fishing Event  
Race/Regatta  
Parade  
Other

Water Carnival  
Parasailing  
Water Ski Show/Exhibition

**DESCRIPTION OF THIS EVENT:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**REQUESTED DATE(S):** \_\_\_\_\_

Rain Date, if applicable \_\_\_\_\_

**STARTING TIME(S):** \_\_\_\_\_

**ENDING TIME(S):** \_\_\_\_\_

**BODY OF WATER:** \_\_\_\_\_

**TOWN:** \_\_\_\_\_

**NUMBER OF PARTICIPANTS:** \_\_\_\_\_

**NUMBER OF BOATS :** \_\_\_\_\_

**Unsigned applications will be returned.**

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

**A MAP/DIAGRAM SHOWING THE PROPOSED LOCATION OF THE WATER  
EVENT MUST BE PROVIDED WITH THE APPLICATION.**

**FOR FISHING EVENTS: LAUNCH SITE:** \_\_\_\_\_  
**STAGING AREA:** \_\_\_\_\_

**(Please identify location of launch site and staging area by street, marina or other  
identification and show on the map/diagram submitted.)**

**SPECIALREQUESTS:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**DIAGRAM:** Please provide a map/diagram of the water body (or for larger bodies of water, the portion of that body of water involved in the activity). Indicate the primary area of activity.



With an arrow, please indicate north.

**FOR OFFICIAL USE ONLY**

Applicant: \_\_\_\_\_

Body of Water \_\_\_\_\_

Investigating Officer: \_\_\_\_\_

Field Investigation Notes:

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Approval Status Recommendation:

- ☐ **APPROVE AS SUBMITTED.**
- ☐ **APPROVE WITH SAME CONDITIONS AS PRIOR YEARS.**
- ☐ **APPROVE WITH THE FOLLOWING CONDITIONS:**

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- ☐ **DENY - PLEASE PROVIDE REASON FOR RECOMMENDATION OF DENIAL.**

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SIGNED \_\_\_\_\_ DATE \_\_\_\_\_